

### Certificate of Death

1427	Month	Day	Y.	M.	D.	Native of	Occupation

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female	Colored	Single	Widower	Number of children living
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Husband

Wife \_\_\_\_\_

Father's *1 L 1 100* Mother's *1 100*

Name William S. Allen Name Stanley E. Allen

How long sick 21

Cause of	Primary
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W. W. Chubb

Death	Immediate	Accident, Suicide, Homicide
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*[Faint handwritten notes at the bottom of the page]*

Reported by 2161m A. Anderson, C.H.W.

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Address O [redacted] Nashville

Address \_\_\_\_\_

... ..

LIBRARY BUREAU, 55159



Name in Full *Charles Bajorik*  
 Died at *Carters Bay* Town *Adams Co.* County *MARYLAND*  
 Date *1902* Month *Sept.* Day *10* Y. *4* M. *month.* D. *Carters Bay* Native of *Baby* Occupation  
 Male *White* Married Widow Divorced  
~~Female~~ *Colored* Single Widower Number of children living

Husband of *X*  
 Wife  
 Father's Name *Alex. Bajorik.* Mother's Name *Agnes Bajorik*  
 Cause of Death { Primary *Ill - Colitis.* Immediate  
 How long sick *105* *Three wks.*  
 Accident, Suicide, Homicide

Reported by *Dr. Alex. M. S. C.*  
 Address *1412 Light St* *Baltimore, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

*Alv. Meyer*

of

*Baltimore, Md.*

Seen by Coroner

of

Information contained in this certificate received

from

of

Name  
in  
Full

Harry C. Basil

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis		<sup>County</sup> Anne Arundel		MARYLAND	
Date of death 190	2	Month	Sept	Day	13
Age		40	Years	4	Months
Sex	Male	Color or Race	White	Birth-place	Annapolis
Married, Single or Widowed	Married		Occupation	Saloon Keeper	
Name of Wife or Husband	Alice King				
Father's Name	Thomas Basil			Father's Birthplace	Annapolis
Mother's Maiden Name	Pamela V. Murdock			Mother's Birthplace	Annapolis
Name of person giving information	Geo. T. Basil -			How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysphoid Fever	How long	3 weeks
Immediate	Peritonitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. Clements	
Address		5 St. John St., Annapolis, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Anna Regina Beall

Town

County

MARYLAND

Died at

Davidsonville

aa

Date

of death 1902

Month

9

Day

12

Years

Age 512

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Crownsville Md

Married, Single  
or Widowed

Married

Occupation

Housewife

Name of Wife or  
Husband

Lemm Beall

Father's  
Name

Absolon Anderson

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

Thos E Ruthven

How related  
to deceased

Friend

## CAUSES OF DEATH

Primary

Cancer liver 40

How long

3 years

Immediate

Heart failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Ben R Davidson M.D.

Address

Davidsonville Md  
per Dr. R.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full <b>Laura H. L. Benson</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Annapolis</b> <small>Town</small>		<b>Adelco</b> <small>County</small>
	Date of death 1902 <b>2</b> <small>Month</small>		<b>2</b> <small>Day</small>
	<b>Age</b> <b>52</b> <small>Years</small>		<b>Months</b>
	<b>Sex</b> <b>F.</b>		<b>Color or Race</b> <b>W</b>
	<b>Birth-place</b> <b>Frederick</b>		
	<b>Married, Single or Widowed</b>		<b>Occupation</b> <b>Householder</b>
	<b>Name of Wife or Husband</b>		
PHYSICIAN OR CORONER	<b>Father's Name</b>		<b>Father's Birthplace</b>
	<b>Mother's Maiden Name</b> <b>45</b>		<b>Mother's Birthplace</b>
	<b>Name of person giving information</b>		<b>How related to deceased</b>
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>		
	<b>Primary</b> <b>Cancer of Uterus</b>		<b>How long</b> <b>8 mos.</b>
<b>Immediate</b> <b>Exhaustion</b>		<b>How long</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		<b>Signature of Physician</b> <b>W. G. Adams</b>	
		<b>Address</b> <b>Annapolis</b>	
<b>Accident or Suicide?</b>			



Name in Full		Clarence Bolter				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Fairfield</u> <small>Town</small>		<u>Anne arundel</u> <small>County</small>		MARYLAND		
		Date of death 190 <u>2</u>	Month <u>9</u>	Day <u>24</u>	Age <u>—</u> Years	Months <u>1</u>	Days <u>5</u>	
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>MD</u>		
		Married, Single or <u>Widowed</u>			Occupation <u>—</u>			
		Name of Wife or Husband						
		Father's Name <u>Frank Bolter</u>			Father's Birthplace <u>va</u>			
		Mother's Maiden Name <u>Mary Bolter</u>			Mother's Birthplace <u>washington DC</u>			
		Name of person giving information <u>Wm L. Hawkins</u>			How related to deceased <u>nephew</u>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Natural</u>			How long <u>1 month</u>			
		Immediate <u>Malnutrition</u>			How long <u>1 "</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Wm L. Hawkins Cor</u>			
					Address <u>Brooklyn MD</u>			
		Accident or Suicide?						



Name  
in  
Full

Catherine Bright

## CERTIFICATE OF DEATH

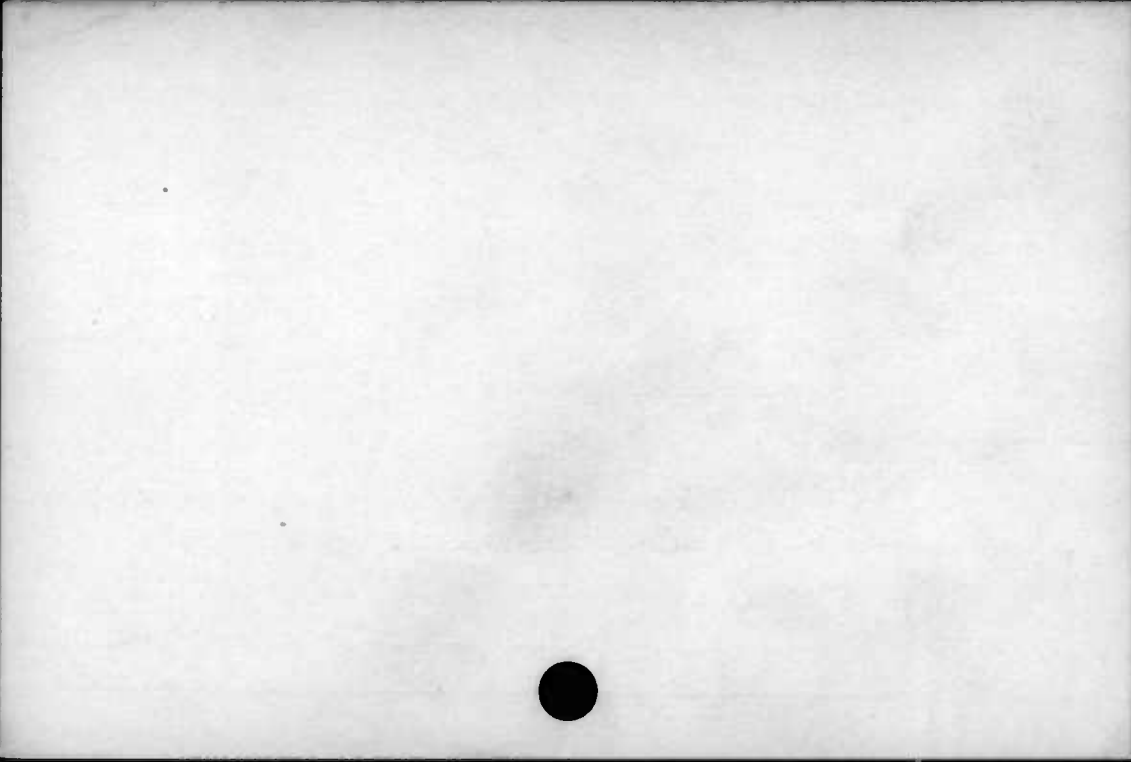
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death 1902		Month Sept	Day 27 <sup>th</sup>	Age 83.	Years	Months 8	Days 11
Sex Female		Color or Race White		Birth- place Annapolis			
Married, Single or Widowed Single		Occupation House Keeper					
Name of Wife or Husband							
Father's Name James T. Bright				Father's Birthplace Annapolis			
Mother's Maiden Name Mary A. Lyding				Mother's Birthplace Annapolis			
Name of person giving Information Annie Mullan				How related to deceased Niece			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inferiority of old Age	How long	154
Immediate	Heart Failure	How long	154
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Yes	
		Address Annapolis Md	
Accident or Suicide?			



Name  
in  
Full

Herbert Chase

## CERTIFICATE OF DEATH

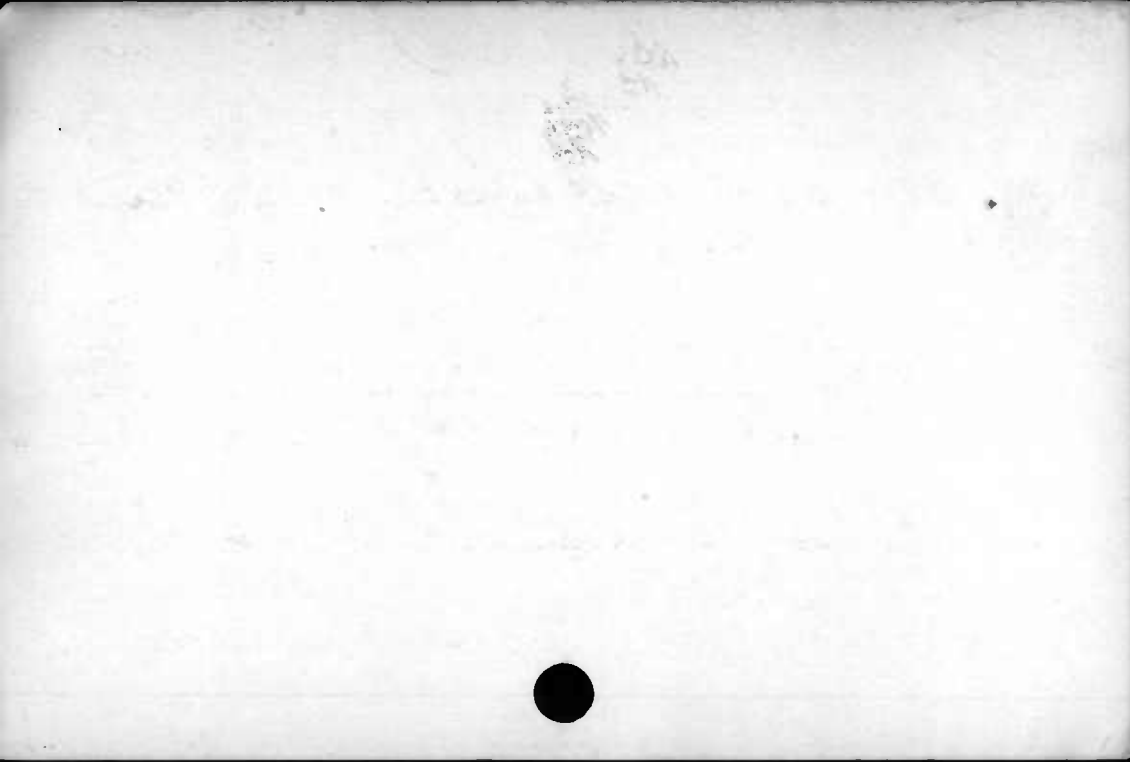
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		2	Month	9	Day	2	Age
						Years	7
Sex		Male		Color or Race		Black	
Married, Single or Widowed		—		Occupation		—	
Name of Wife or Husband		—		Birth-place		Md	
Father's Name		—		Father's Birthplace		—	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		Walter Eads		How related to deceased		Step-Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	4 hours.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. H. E. H. Ashurst J. P.	
		Address	
		Annapolis Junction	
Accident or Suicide?		a. a Co Md	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

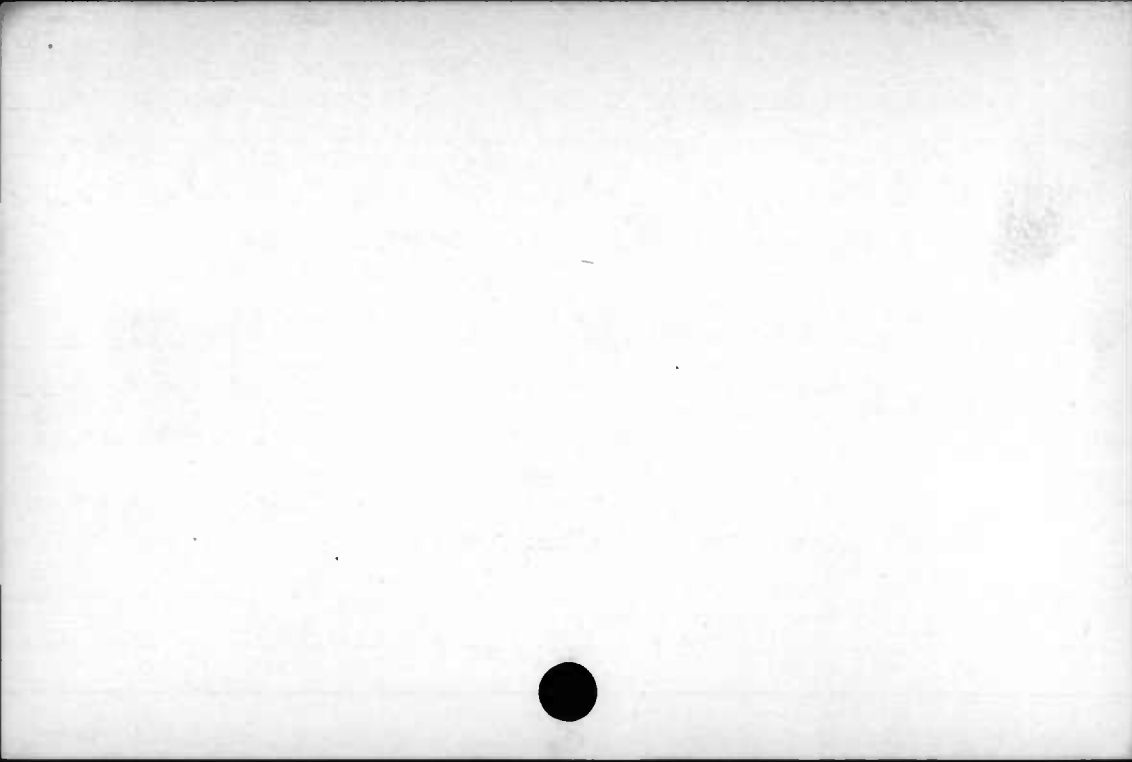
## CERTIFICATE OF DEATH

Name <i>Miranda Clark</i>		Town <i>Odenton</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Died at <i>Odenton</i>		Date of death 190 <i>2</i>		Month <i>9</i>		Day <i>18</i>	
Age <i>15</i>		Years <i>1</i>		Months <i>1</i>		Days <i>15</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Odenton</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Noah S Clark</i>				Father's Birthplace <i>Odenton</i>			
Mother's Maiden Name <i>Harriet Donaldson</i>				Mother's Birthplace <i>Brooklyn</i>			
Name of person giving Information <i>Richard P Clark</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition &amp; malnutrition</i>	How long <i>life time</i>
Immediate <i>Exhaustion</i>	How long <i>life time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J W Dr Davis M.D.</i>
	Address <i>Gambrells</i>
Accident or Suicide?	<i>M.D.</i>



Name  
in  
Full

Charles Allen Cranford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Annapolis		Anne Arundel					
Date of death	ISO	2	Month	Sept.	Day	24 <sup>th</sup>	Years
Age		19		Months		Days	
Sex	Male		Color or Race	White		Birth-place	Prince Geo Co
Married, Single or Widowed	Single		Occupation	Servicer			
Name of Wife or Husband							
Father's Name				Richard A. Cranford			
Father's Birthplace				Prince Geo Co			
Mother's Maiden Name				Margaret Burdick			
Mother's Birthplace				also do not			
Name of person giving information				Elizabeth Watts			
How related to deceased				Aunt			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Appendicitis		How long	1 1/2 days
Immediate	Septic Peritonitis		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Sewell S. Hephburn M.D.	
			Address	
			Annapolis Md.	
Accident or Suicide?				



Name  
in  
Full

Herbert Crowner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salesville		County aa		MARYLAND	
Date of death 1902	Month Sept	Day 28	Age 9	Years 9	Months 6	Days 20	
Sex Male		Color or Race Colored		Birth- place Cumberston Md			
Married, Single or Widowed Single		Occupation School-boy					
Name of Wife or Husband							
Father's Name Thos. Crowner				Father's Birthplace aa Co Md			
Mother's Maiden Name Alice Crowner				Mother's Birthplace aa Co Md			
Name of person giving in information Wayman Brass				How related to deceased Cousine			

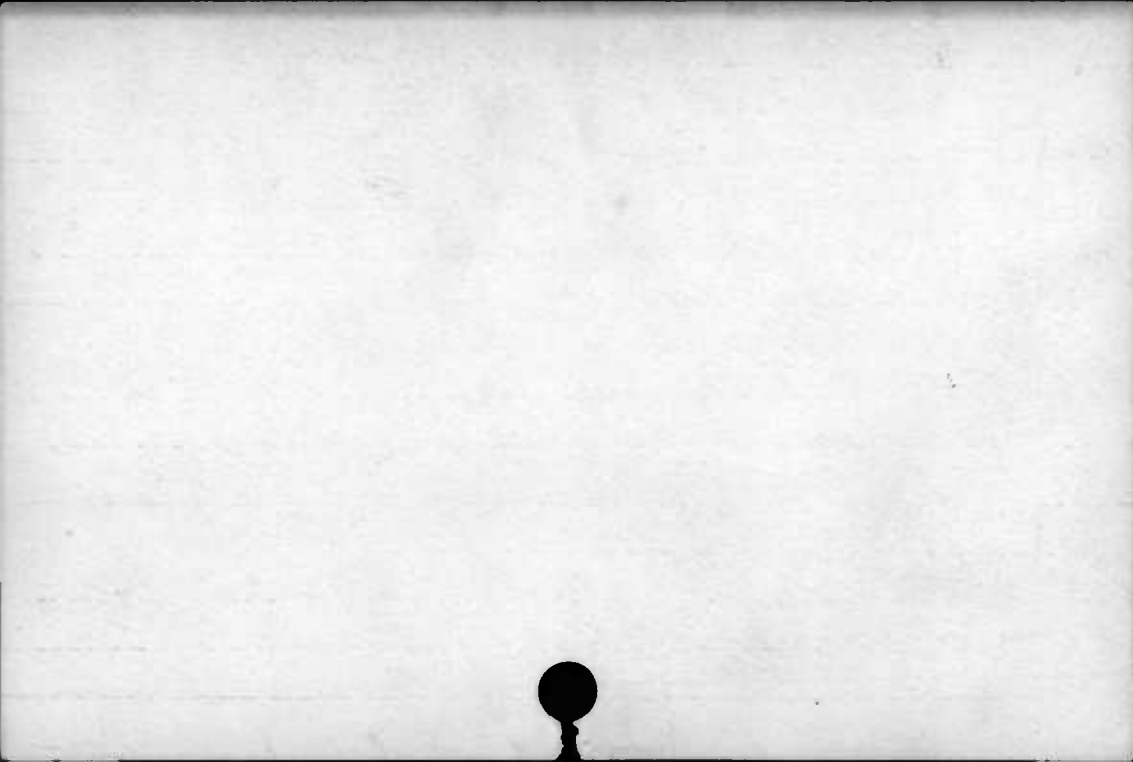
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brownie	How long	172
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Mr. Glover J. P.	
yes		Address Salesville Md	
Accident or Suicide?		per. J. W. Ratimer Md.	
Accident			



Name in Full		Mrs. Sarah D. Daneker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Anne Arundel Co		MARYLAND	
	Date of death	1902	Month September	Day Wednesday	Years 80	Months —	Days —
	Sex	Female		Color or Race	White		Birth-place Talbot County
	Married, Single or Widowed	Widow		Occupation Stone			
	Name of Wife or Husband John F. Daneker						
	Father's Name William Severe				Father's Birthplace Unknown		
	Mother's Maiden Name Frances Stabe				Mother's Birthplace Unknown		
	Name of person giving information Mrs Martha Solans				How related to deceased Niece		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Apoplexy			How long Six hours.	
	Immediate		Ischemia			How long Two hours.	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Geo. Wells.			
	Yes.			Address Annapolis			
	Accident or Suicide?			Maryland			





Name  
in  
Full

Mary I Togans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County A		MARYLAND	
Date of death 190		2	Month Sept	22 <sup>nd</sup>	Day	43	Years
Sex		Female		Color or Race		Colored	
Married, Single or Widowed		Married		Occupation		Sawdust	
Name of <del>Wife or</del> Husband		Thomas Togans					
Father's Name		Wm Cook				Father's Birthplace	
Mother's Maiden Name		Unknown				Mother's Birthplace	
Name of person giving In formation		Lannie Pointer				How related to deceased	
						Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inberculosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout MD	
		Address	
		Annapolis	
		Md.	
Accident or Sulcide?			



Name  
in  
Full

Wm. H. Freeman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Sept.</i> <sup>Month</sup>	<i>4</i> <sup>Day</sup>	<i>51</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Waterman</i>				
Name of Wife or <i>Rebecca Jones</i>					
Father's Name <i>George Washington Freeman</i>		Father's Birthplace <i>3d dist D. &amp; Co</i>			
Mother's Maiden Name <i>Elizabeth Needen</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Wm. H. Freeman Jr.</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Osteo. Parcoma</i>	How long <i>2 years</i>
Immediate <i>Emphysema</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Clement (Lauder)</i>
<i>yes -</i>	Address <i>5 St. John St., Annapolis, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Echel' Irene Gallaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

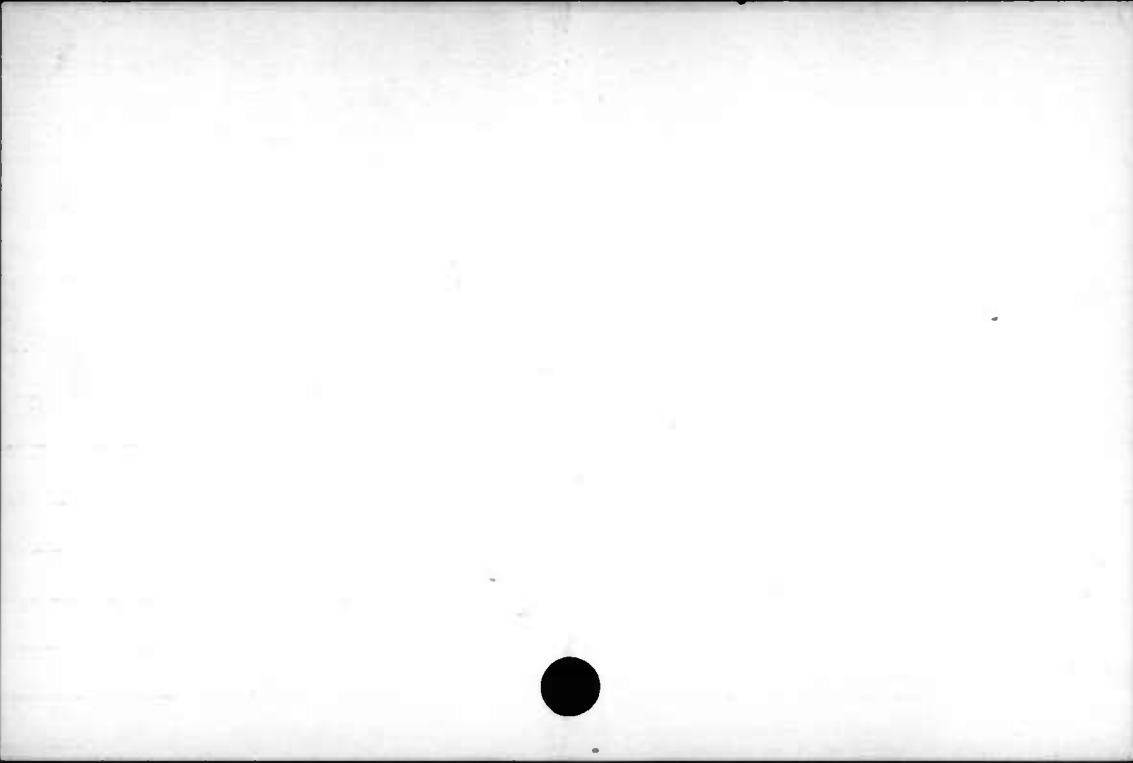
MARYLAND

Died at <i>Willhams</i> <sup>Town</sup>		<i>Anne</i> <sup>County</sup> <i>Arunde</i>	
Date of death 190 <i>2</i>	Month <i>September</i>	Day <i>8</i>	Age <i>22</i> <sup>Years</sup>
Sex <i>Female</i>	Color or Race <i>Coloured</i>	Birth-place <i>Willhams Md</i>	Months <i>22</i> <sup>Days</sup>
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Lloyd Gallaway</i>		Father's Birthplace <i>West River Md</i>	
Mother's Maiden Name <i>Mary Elizabeth Nicholson</i>		Mother's Birthplace <i>Willhams Md</i>	
Name of person giving information <i>Lloyd Gallaway</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterio-Colitis</i>	How long <i>2 weeks</i>
Immediate <i>105</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Le R. Winterson</i>
	Address <i>Eekridge Md</i>
Accident or Suicide?	



Name  
in  
Full

Louis Green

## CERTIFICATE OF DEATH

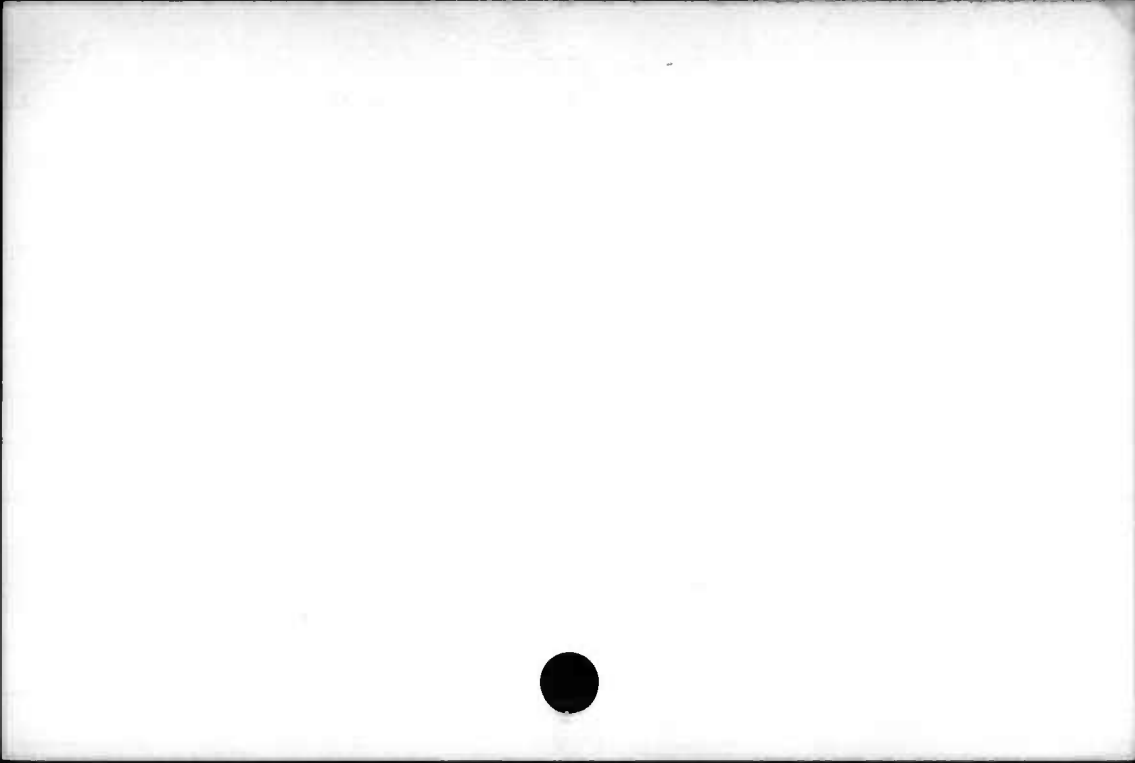
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		County <i>Art</i>		MARYLAND	
Date of death 190	<i>2</i> <sup>Month</sup> <i>Sept</i>	<i>5</i> <sup>Day</sup> <i>th</i>	Age <i>1</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i></i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Louis Green</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Josephine Smothers</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Josephine Smothers</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout MD</i>		
<i>Yes</i>	Address <i>Annapolis Md</i>		
Accident or Suicide?			





Name  
in  
Full

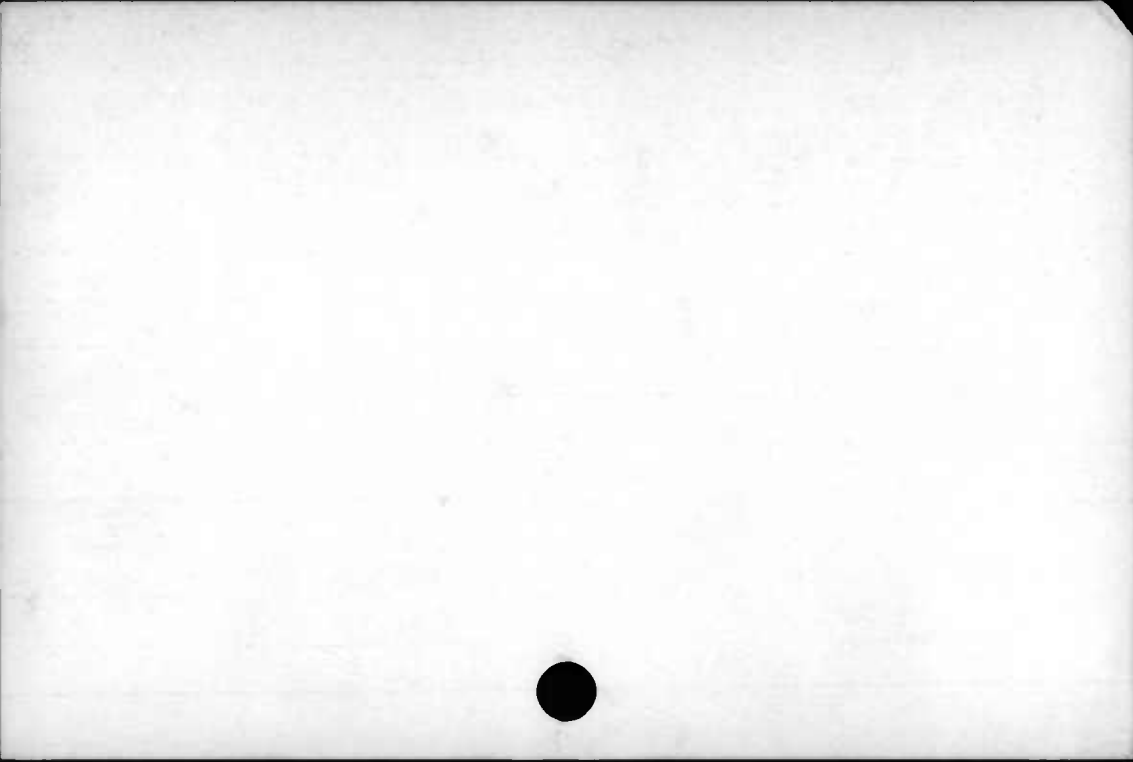
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Henry Griffith		Town		County		MARYLAND	
Died at Greenville		June		Arundel			
Date of death 190	2	Month	Sept	Day	16	Years	Age 14
Sex Male		Color or Race White		Birth-place Md.		Months	
Married, Single or Widowed Single		Occupation School boy				Days	
Name of Wife or Husband							
Father's Name Joseph Griffith				Father's Birthplace Md.			
Mother's Maiden Name Mary Moreland				Mother's Birthplace Md.			
Name of person giving information Joseph Griffith				How related to deceased Father			
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary Typhoid fever	How long 25 days
Immediate Asthenia	How long -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. H. Perrie
	Address McKendree, Md.
Accident or Suicide?	



Name in Full		MARIHA ELIZABETH GRIFFITH				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Davidsonville		County ad		MARYLAND		
	Date of death 190		2	Month Sept	Day 26	Years 68	Months 6	Days	
	Sex		Female		Color or Race		White		
	Married, Single or Widowed		Widow		Occupation		Housewife		
	Name of Wife or Husband		Edward Griffith						
	Father's Name		Richard Ward				Father's Birthplace		Calvert Co Md
	Mother's Maiden Name		Martha Elizabeth Ward				Mother's Birthplace		Calvert Co Md
	Name of person giving information		Richard Saml Griffith				How related to deceased		Son
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Typhoid fever				How long		2 weeks
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Banc R Davidson Md		
	Accident or Suicide?				Address		Davidsonville Md Rt 1 S.W.		



Name  
in  
Full

*Cora Hall.*

CERTIFICATE OF DEATH

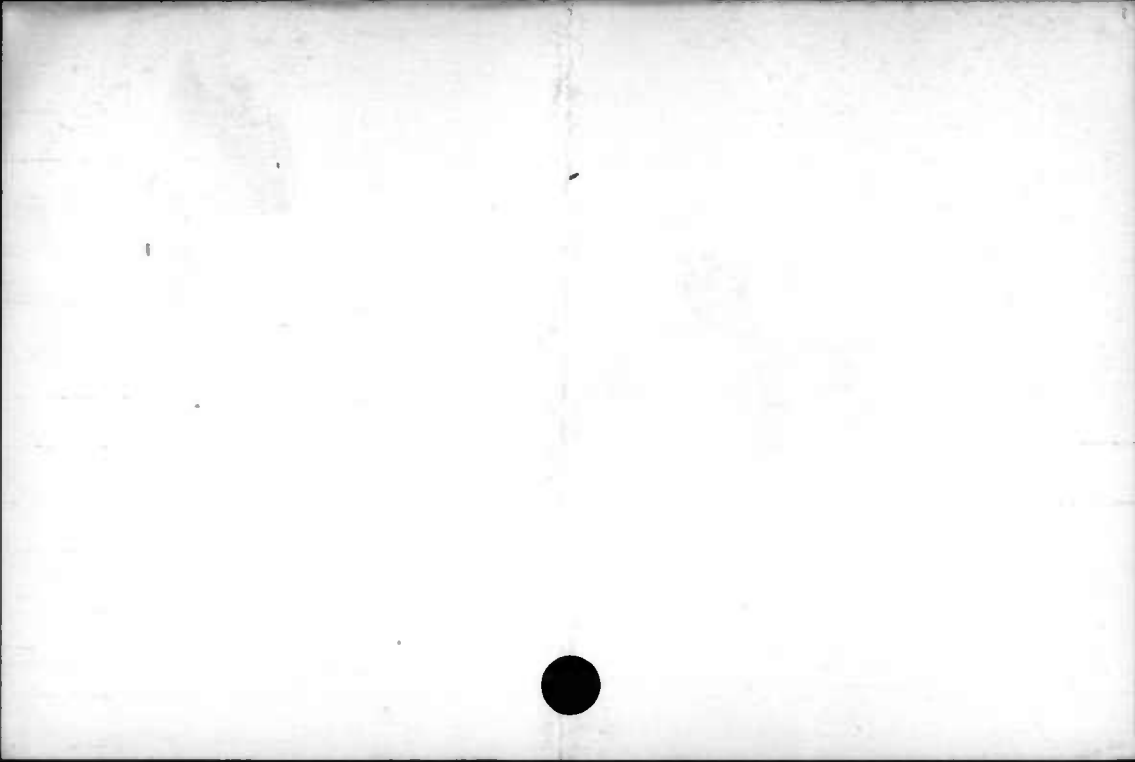
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hammans</i> <sup>Town</sup>		<i>Anne Brundell</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>21</i>	Age <i>11</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Brundell Md</i>	
Married <del>Single</del> or <del>Widowed</del>			Occupation		
Name of Wife or Husband					
Father's Name <i>Arthur Hall</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Snowden</i>			Mother's Birthplace <i>A. B. Co. Md</i>		
Name of person giving information <i>Mary Hall</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>7 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. Henderson Md</i>
	Address <i>Elkridge Md</i>
Accident or Suicide?	



Name  
in  
Full

Henry Kerk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
Waterbury		Anne Arundel		MARYLAND			
Date	Month	Day	Age	Years	Months	Days	
of death 1902	9	3	24		3		
Sex	Male		Color or Race	White		Birth-place	Germany
Married, Single or Widowed			Garner				
Name of Wife or Husband			Johann J. White				
Father's Name			<del>Henry Kerk</del>		Father's Birthplace	Germany	
Mother's Maiden Name			Don't know		Mother's Birthplace	"	
Name of person giving information			James Hopkins		How related to deceased	Son-in-law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	5 years
Immediate	By	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. Dr. Bo's old	
Address		Garrettsville Md	
Accident or Suicide?			





Name  
in  
Full

Henry E. Lamberton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		2	Month	28 <sup>th</sup>	Day	38	Years
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		Laborer	
Name of Wife or Husband							
Father's Name				Unknown			
Mother's Maiden Name				Unknown			
Name of person giving information				Frank Rawlett			
How related to deceased				None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	Three days
Immediate	Cerebrum	How long	60
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis	
		Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

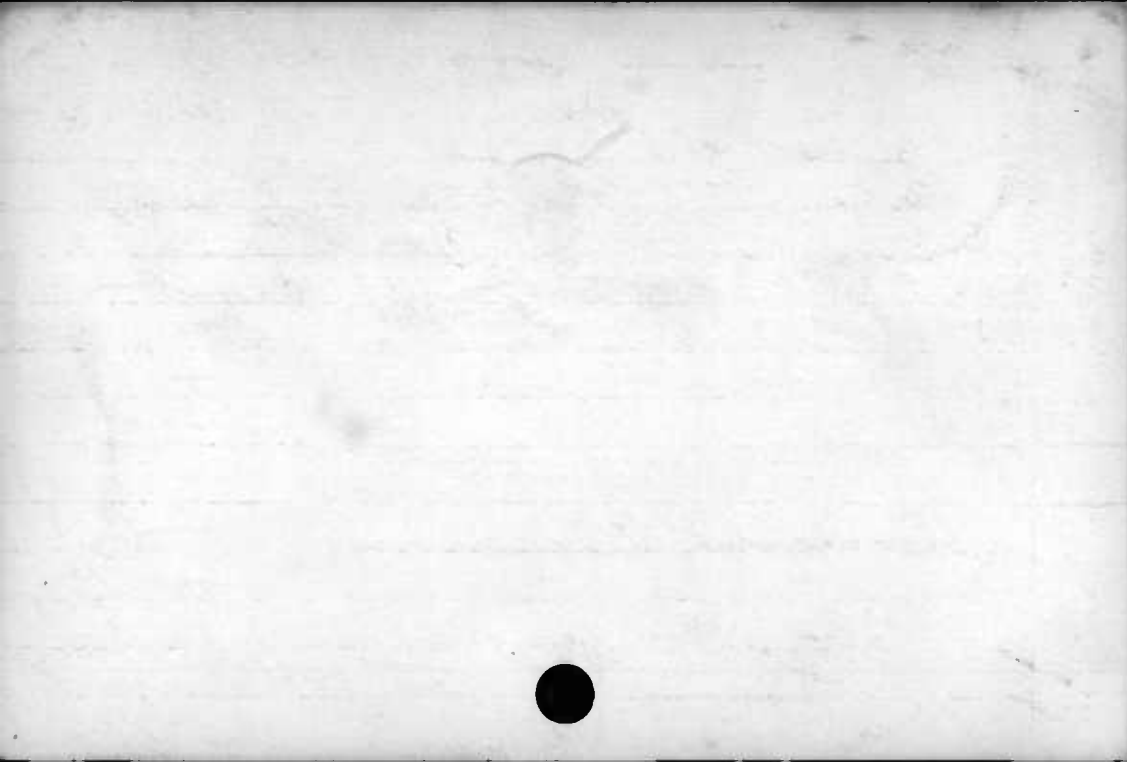
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death 190		2	Sept	1	Age	5-2	Months	Days		
Sex		male		Color or Race		Colored		Birth-place	Annapolis	
Married, Single or Widowed				Occupation					Waiter	
Name of Wife or Husband				Jillie. <del>Walker</del> Walker						
Father's Name				Solomon Larkins					Father's Birthplace	Annapolis
Mother's Maiden Name									Mother's Birthplace	
Name of person giving information									How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accidental Drowning	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of	Cherman Br Sayan
		Address	LT H H Christy Naval Academy
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

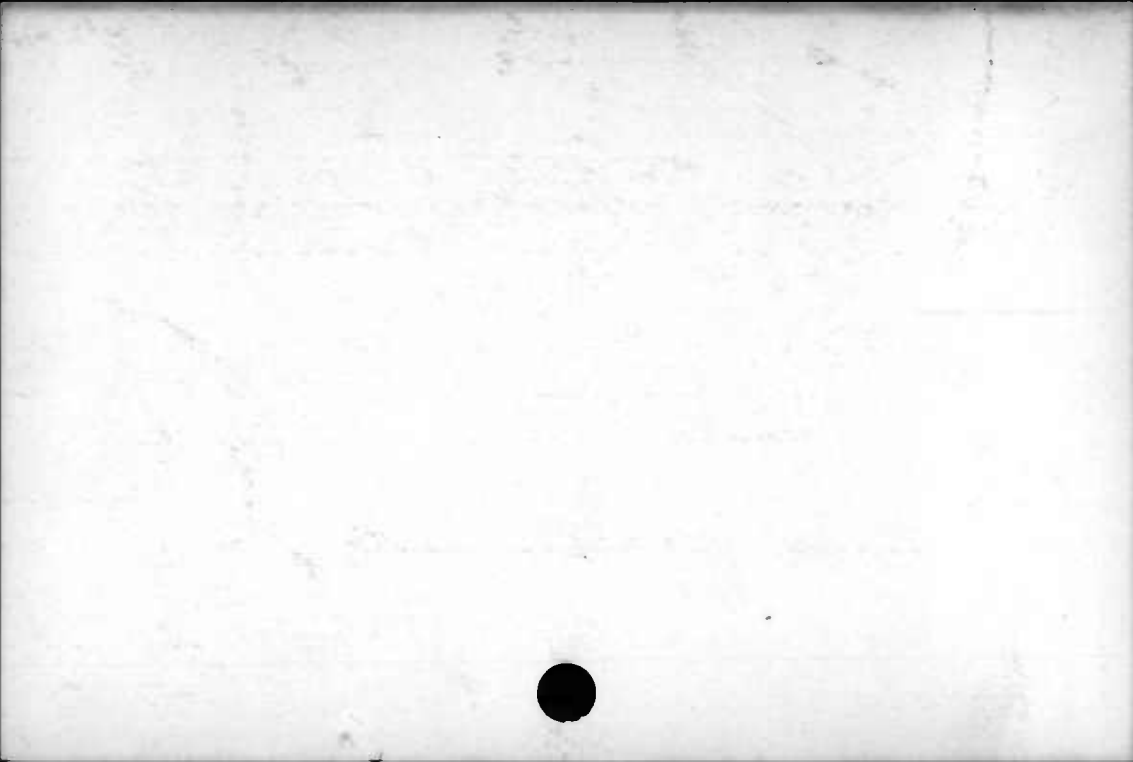
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seale</u> Town		<u>W</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Sept</u>	Day <u>15</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Seale, Ind</u>	
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>F. O. Leatherbury</u>			Father's Birthplace <u>A. A. Co, Ind.</u>		
Mother's Maiden Name <u>Jessie Windsor</u>			Mother's Birthplace <u>Balls, Ind</u>		
Name of person giving information <u>F. O. Leatherbury</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enteric Colitis</u>	How long <u>29 days</u>
Immediate <u>Exhaustion</u>	How long <u>2</u> " <u>105</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo T Dent</u>
<u>Yes</u>	Address <u>Churckton Ind</u>
Accident or Suicide?	



Name  
in  
Full

Emily E. Levaly

## CERTIFICATE OF DEATH

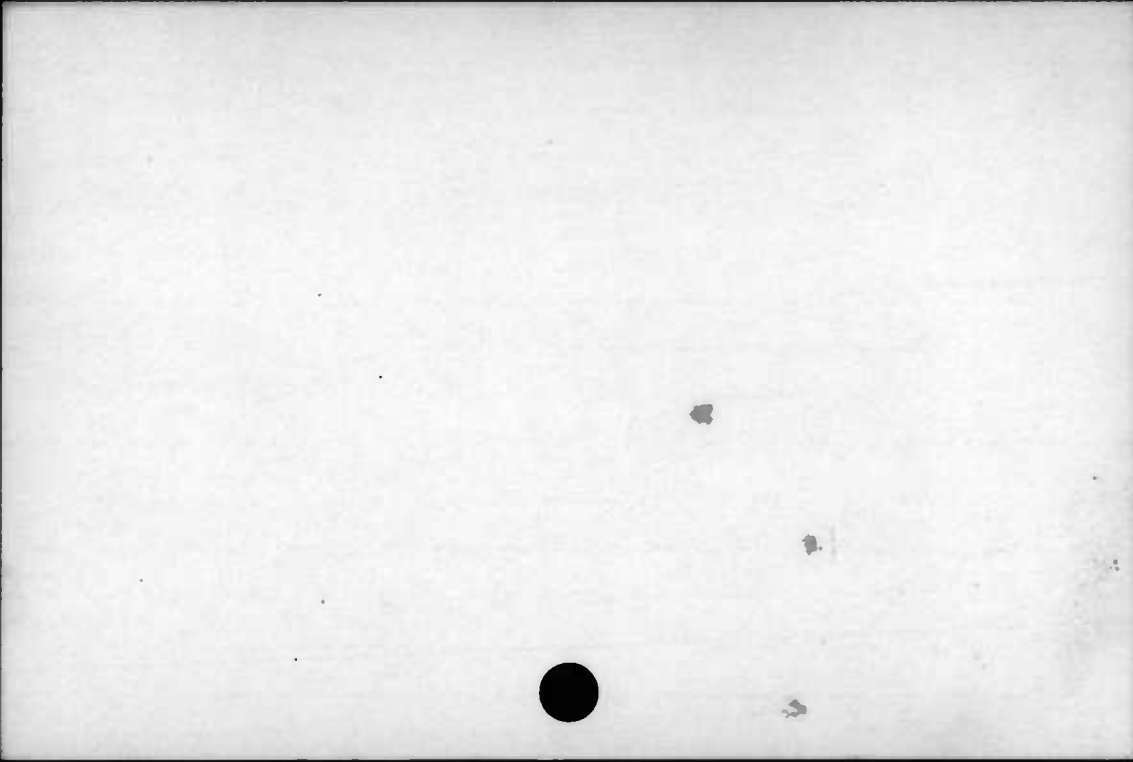
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept.</i>	Day <i>16<sup>th</sup></i>	Age <i>81</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>			
<del>Widowed</del> <i>Widow</i>		Occupation <i>Retiree</i>			
Name of Wife or Husband <i>Harry T. Levaly</i>					
Father's Name <i>Washington G. Leach</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Rachel S. Whittington</i>			Mother's Birthplace <i>Calverton Co<sup>2nd</sup></i>		
Name of person giving information <i>W. G. Leach</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Clement Claude, M.D.</i>
	Address <i>5 St. John St., Annapolis, Md.</i>
Accident or Suicide?	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Matthews

## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1902		Sept	2				3
Sex		Male		Color or Race		colored	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name		William Matthews				Father's Birthplace	
Mother's Maiden Name		Isabella Johnson				Isabella Johnson	
Name of person giving information		Isabella Johnson				How related to deceased	
						Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	Three days
Immediate	Asthenia	How long	151
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Susan Wright Midwife	
		Address	
		Annapolis	
Accident or Suicide?		No	



Name  
in  
Full

Rosie Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death 1902	<u>Sept</u> <sup>Month</sup>	<u>8th</u> <sup>Day</sup>	Age <u>41</u> <sup>Years</sup>	<u>3</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>P.A.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>William Miller</u>					
Father's Name <u>George Karch</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Wm Miller</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera-morbus</u>	How long <u>6 hours</u>
Immediate <u>collapse</u>	How long <u>1/2 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm S. Welch</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u>—</u>	



Name In Full

Certificate of Death

Elmer Penn

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

21

2

-

-

Md

chess

Age

Married

Widow

Divorced

Number of children living

Male

White

Colored

Single

Widower

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Edward Penn

Cause of

Primary

Typhoid fever

How long sick

14 days

Death

Immediate

Cancer

Accident, Suicide, Homicide

Reported by

J. R. Robinson

Address

Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70005



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Curtis Bay		a.g. Co.		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1902	Sept	26th			2		
Sex	Male		Color or Race	white		Birth-place	Curtis Bay.
Married, Single or Widowed	Single		Occupation	Infant.			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
J. Curran				Bohemia			
Mother's Maiden Name				Mother's Birthplace			
				Do.			
Name of person giving information				How related to deceased			
Alex Mosley							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Deaution	How long	Three weeks
Immediate	151	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Alex Mosley	
		Address	
		1412 Leght St	
		Baltimore Md	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Otto Pfeffer</i>		Town <i>Brooklyn</i>		County <i>AA</i>		MARYLAND	
Died at <i>Brooklyn</i>		Date of death 190 <i>2</i>		Month <i>8</i>	Day <i>8</i>	Years <i>17</i>	Months <i>—</i>
Age <i>17</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balti Ma</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>Labourer</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Louis Pfeffer</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Alice Pfeffer</i>				Mother's Birthplace <i>Balti Ma</i>			
Name of person giving Information <i>Wm L Hawkins</i>				How related to deceased <i>No</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowning</i>	How long <i>172</i>
Immediate <i>Strangulation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm L Hawkins Com</i>
	Address <i>Brooklyn Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Perry

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 190

2

Sept

9th

Age

4

Sex

Female

Color or  
Race

colored

Birth-  
place

Annapolis

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

George Perry

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Sarah Addison

Mother's  
Birthplace

Annapolis

Name of person giving  
In formation

Sarah Addison

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Inanition

15/

How long

Two days

Immediate

Asthemia

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Seen by

Address

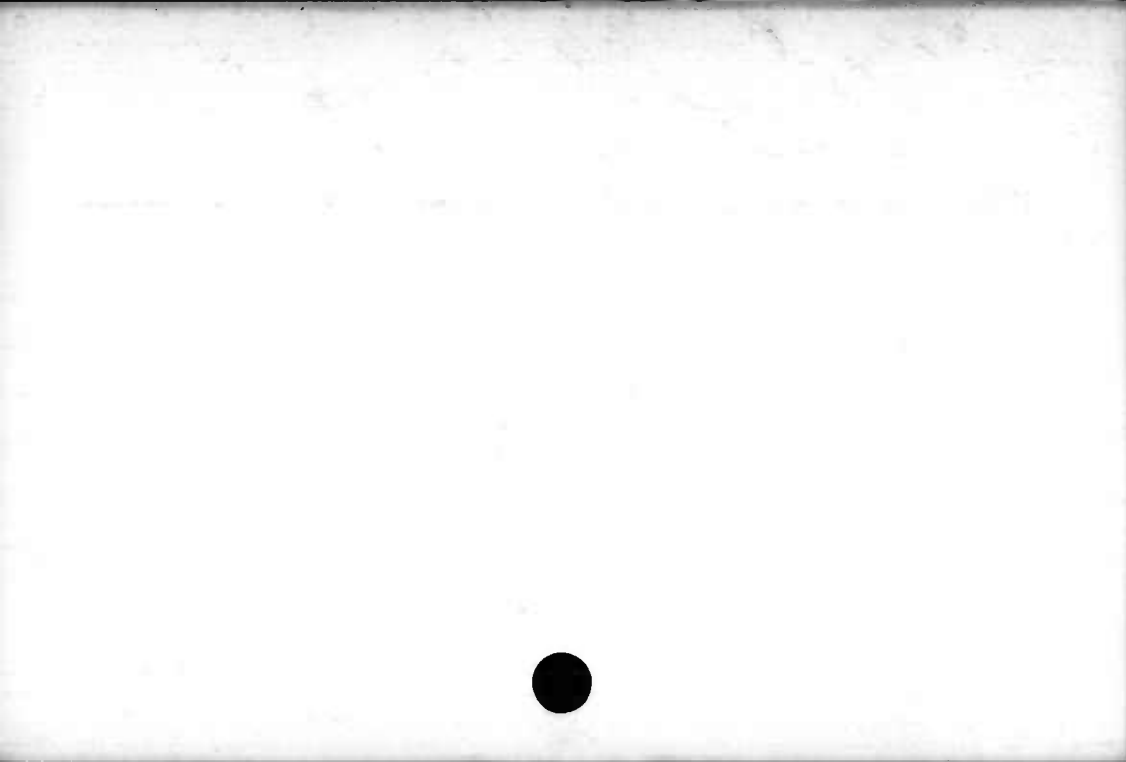
John Ridout M.D.

Yes

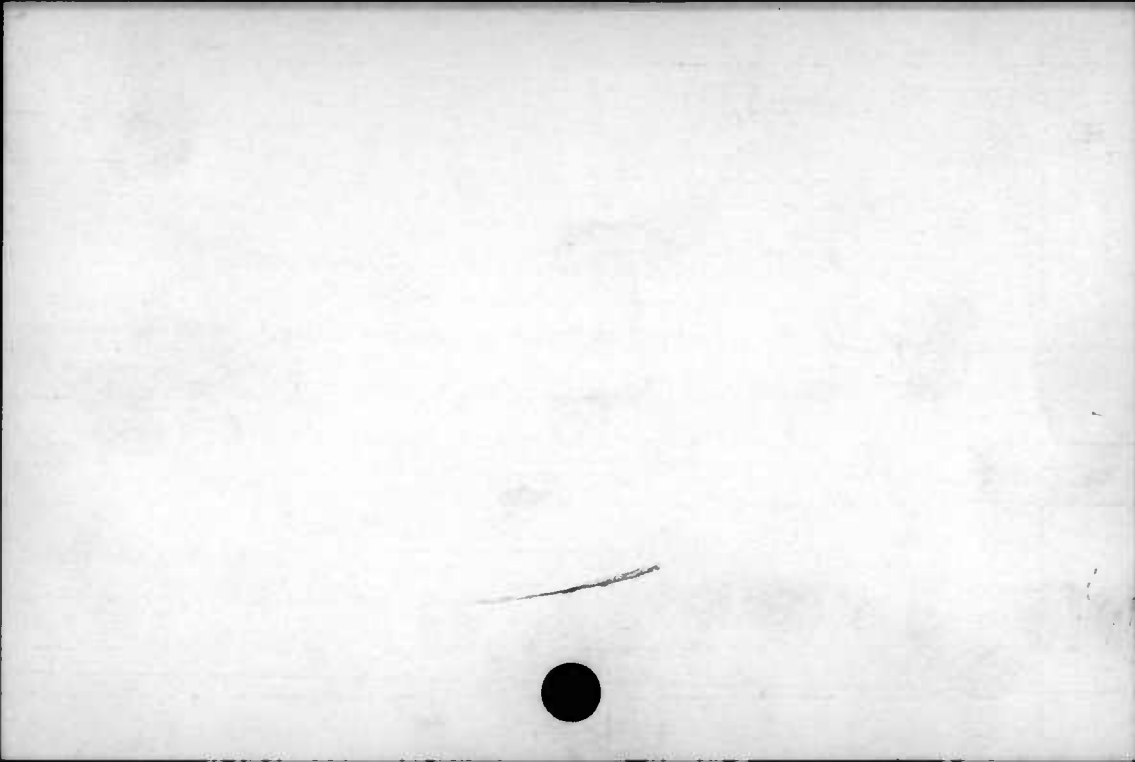
after death

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Smith		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Brooklyn		<sup>County</sup> A. A. Co.		MARYLAND
	Date of death 190	2	Month	Sept.	Day
	17	Age	Years	Months	Days
	Sex	Male	Color or Race	Colored	Birth-place
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name		Father's Birthplace		
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
George Smith		A. A. Co.			
Fanny Washington		Brooklyn			
Mrs. Humber		None			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Yes		Address		
Accident or Suicide?		Brooklyn			



Name  
in  
Full

Wm. Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>AA</u> County		MARYLAND	
Date of death 190	<u>2</u> Month	<u>5<sup>th</sup></u> Day	Age <u>1</u> Years	<u>3</u> Months	<u></u> Days
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Jesse Brooker</u>			Father's Birthplace <u>AA County</u>		
Mother's Maiden Name <u>Mary Thomas</u>			Mother's Birthplace <u>AA County</u>		
Name of person giving Information <u>Mary Thomas</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>Months</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>No Physician</u>	
<u>Yes</u>		Address <u>investigated by Health Officer</u>	
Accident or Suicide?			





Name in Full		John Smith Ward				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <u>West River</u>		County <u>ad</u>		MARYLAND		
		Date of death 190 <u>2</u>		Month <u>9</u>	Day <u>17</u>	Years <u>68</u>	Months <u>3</u>	Days <u>—</u>
		Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Calvert Co Md</u>		
		Married, Single or Widowed <u>Widowed</u>		Occupation <u>Rocksmith</u>				
		Name of Wife or Husband <u>Unknown</u>						
		Father's Name <u>Robt Ward</u>			Father's Birthplace <u>Calvert Co Md</u>			
		Mother's Maiden Name <u>Sarah Ward</u>			Mother's Birthplace <u>Calvert Co Md</u>			
		Name of person giving information <u>Wm Ward</u>		<u>120</u>	How related to deceased <u>Brother</u>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Bright's disease</u>			How long <u>90 days</u>			
		Immediate <u>Heart failure</u>			How long <u>Immediate</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Isaac Walter Kattner M.D.</u>			
					Address <u>West River Md</u>			
		Accident or Suicide?						



Name  
in  
Full

Martha Esther White.

## CERTIFICATE OF DEATH

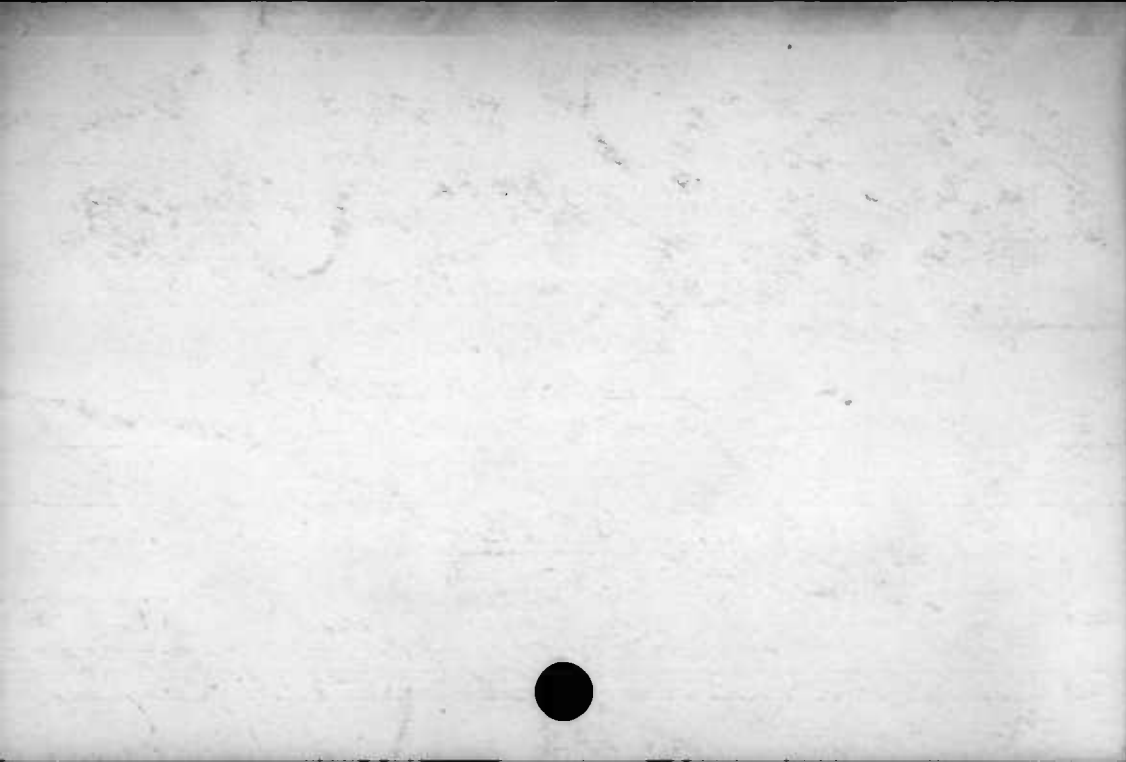
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annabolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 1902	Month <i>September</i>	Day <i>25<sup>th</sup></i>	Years <i>52</i>	Age	Months <i>Three</i>	Days <i>Ten</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mason Co. Kentucky.</i>				
Married, Single or Widowed <i>Married</i>			Occupation				
Name of Wife or Husband <i>Mr. Francis O. White.</i>							
Father's Name <i>George A. Dye.</i>				Father's Birthplace <i>New Jersey</i>			
Mother's Maiden Name <i>Mary A. Porter</i>				Mother's Birthplace <i>Kentucky</i>			
Name of person giving information <i>Francis O. White.</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Pneumonia</i>	How long <i>Eight days</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Immediately.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells.</i>
<i>Yes.</i>	Address <i>Annabolis, Maryland.</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

Geo. H. Whitson

CERTIFICATE OF DEATH

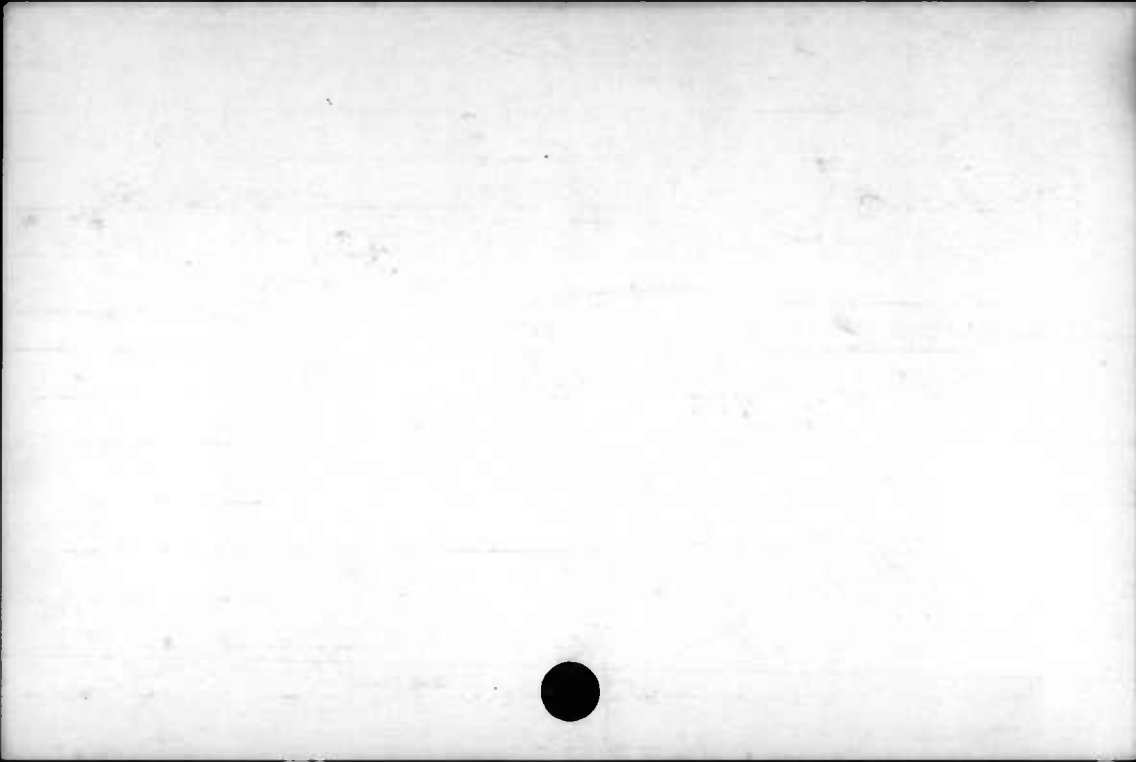
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Masonville</i>		Town <i>a. a. co</i>		County		MARYLAND	
Date of death 1902	Month <i>9</i>	Day <i>28</i>	Age <i>49</i>	Months <i>—</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>B. C.</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Lab</i>						
Name of Wife or Husband <i>Mattie Whitson Wilson</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Proclivitis</i>	How long <i>since Sept 11<sup>th</sup> 1902</i>
Immediate <i>Exhaustion</i>	How long <i>106</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Amman &amp; Hill</i>
	Address <i>Geo W. Whitson</i>
Accident or Suicide?	<i>for Dr Chas H Brooke</i> <i>Batig</i> <i>Geo</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Zigas

MARYLAND

Died at Curtis Bay

Town

A. A.

County

Date

of death 1902 Sept

Month

Day

27

Years

Age

1

Months

—

Days

12

Sex

Male

Color or  
Race

White

Birth-  
placeCurtis Bay  
Md.Married, Single  
or Widowed

—

Occupation

—

Name of Wife or  
Husband

—

Father's  
Name

William Zigas

Father's  
Birthplace

Russia

Mother's  
Maiden Name

Annie Yasitis

Mother's  
Birthplace

Russia

Name of person giving  
information

William Zigas

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Enteric Colitis

Immediate

Heart failure

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Th. B. Horton  
Curtis Bay  
Md.

How long

How long

Child said  
to be sick  
3 weeks.  
Only saw it  
one time.  
Md.PHYSICIAN  
OR CORONER

Asst. Coroner

